

Tulita Financial Corporation

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E-mail: Assistant@tulitalandcorp.ca

Application for Elder Care Payments

Applicant's Last Name _____ Applicant's First Name _____
Address _____ Phone No _____

E-mail: _____
Social Insurance Number: _____
Sahtu Dene/Metis Land Claim Beneficiary Enrollment Number _____

The applicant hereby certifies and agrees that:

- I am a member of the Tulita Land Corporation.
- I have attained my 60th birthday.
- I am in need of financial assistance to do the following and the amount needed per year is as follows:

Financial Assistance Required for:	Amount Needed per Year:
Maintaining a healthy diet	
Obtaining medical, dental or other health care services	
Obtaining help in cooking or cleaning or for personal care	
Travelling for medical, dental or mental health purposes	
Acquiring, maintaining or improving my living quarters or paying local or municipal taxes (only for low income participants as defined below)	
Total (cannot exceed \$3500 per year)	

- I understand that
 - any application that relates to housing must be made annually and, in that case, I certify that I am a low-income participant,
 - "low-income participant" means a participant enrolled under the Land Claim Agreement whose total family income is less than \$93,000,
 - total family income for this purpose is the income of the father, mother, natural and adoptive children and grandchildren and their spouses residing in the same household,
 - if any false statements are made in this application, I could be subject to criminal prosecution and restrictions on accessing the programs of the Tulita Financial Corporation,
 - any payments made to me shall be for a maximum of \$300 per month except that the maximum for January shall be \$200,
 - the payments are not taxable, and
 - The Board of Directors shall review the budget annually and decide for each year whether the payments can be made and the amount of each payment (up to the maximum).
- I agree
 - to cooperate in any audit of the facts contained in this application conducted by the Tulita Financial Corporation or the Canada Revenue Agency, and
 - If any false statements are made in this application, to repay all amounts paid to me under this policy together with interest at the rate of interest charged by the Canada Revenue Agency on unpaid taxes.

I hereby certify that the above information is true and correct.

Print Name

Signature

Dated on: _____